

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

<u>(678</u>

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm	nent Name	C.	Io-	Telephone Number	Date of Inspection PERMIT # (mm/dd/yr)
Care Café				812-949-5501	19-
Establishment Address (number and street, city, state, zip code) 1850 State St New Albany, IN 47150					7-18-20 42
				Purnosa	Follow-up Release Date
RHS	incl	/ /	1HN: Mark Truman	Purpose: 1. Routine	MO LO Lavs
Owner's A	-		1110: 1 100: 11 07: 107		
				2. Follow-up	Summary of Violations:
Person in C	Charge			3. Complaint	CO NC & RO
	Em	ly	Sheffield / Pamela Steele	4. Pre-Operational	NC NC RO
Responsibl	e Person's	E-ma	il .	5. Temporary	Menu Type (See back of page)
				6. HACCP	
Certified F	ood Mana	ger	· · · · · · · · · · · · · · · · · · ·	7. Other (list)	12345
NM					
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"					
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"					
Section#	C/NC	R	Narrative		To Be Corrected By
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			- No Violations -		
	 		700 VIOLATIONS -		
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Received by (name and title printed): ANNE PHILUPS Inspected by (name and title printed): Thomas Snider, EHS					
Received by (signature): Inspected by (signature):					
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cc:			ec:		cc: